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Fill in this information	to identify your case:	
Debtor 1	Sharea L Farmer	_
Debtor 2 (Spouse, if filing)		_
United States Bankrup	otcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
Case number 14	-11734	Check if this is:
(If known)		An amended filing
		A supplement showing post-petition chapter 13 income as of the following date:
Official Form	<u> B 6I</u>	MM / DD/ YYYY
Schedule I:	Your Income	12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Francisco and adatus	■ Employed	■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed Academic Counselor			
	employers.	Occupation	Therapist				
	Include part-time, seasonal, or self-employed work.	Employer's name	RS Counseling and Wellness	Mercer County Community College			
	Occupation may include student or homemaker, if it applies.	Employer's address	101 Route 130 South Riverton, NJ 08077	1200 Old Trenton Road West Windsor, NJ 08550			
		How long employed the	here? <u>1 year</u>	9 years			

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,841.00 3,522.98 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 1,841.00 3,522.98

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Deb	tor 1	Sharea L Farmer	_	C	Case number (if k	nown)	14-11734	<u> </u>	
	Cor	by line 4 here	4.		For Debtor 1	1.00	For Debt	tor 2 or g spouse 3,522.98	
5.	-	t all payroll deductions:			1,04	1.00	*	0,022.00	_
Э.		• •	- -		Φ 40.		c	500.40	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b			0.25 0.00	\$	522.10 190.66	_
	5c.	Voluntary contributions for retirement plans	5c		· —	0.00	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d			0.00	\$	123.45	_
	5e.	Insurance	5e		· ——	0.00	\$	0.00	_
	5f.	Domestic support obligations	5f.		·	0.00	\$	0.00	
	5g.	Union dues	5g	J.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	+ \$	0.00	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$460	0.25	\$	836.21	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$1,380	0.75	\$	2,686.77	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a			0.00	\$	0.00	_
	8b.	Interest and dividends	8b).	\$	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c		\$		\$	0.00	
	8d.		8d		· ——	0.00	\$	0.00	_
	8e.	Social Security	8e		·	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.			0.00	\$	0.00	_
	8g.	Pension or retirement income	8g		·	0.00	\$	0.00	_
	8h.	Other monthly income. Specify: 2012 Proportionate Tax Refund	_			0.58	+ \$	0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	200	0.58	\$	0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,581.33	+ \$	2,686.7	77 = \$	4,268.10
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	1,001.00	- -	2,000.1	'	7,200.10
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	depe				ted in <i>Sche</i> d	dule J. 1. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certallies						2. \$	4,268.10
13.	Do :	you expect an increase or decrease within the year after you file this form No.	1?						ly income
	П	Yes. Explain:							

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